

TINTWISTLE RURAL DISTRICT COUNCIL

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Medical Officer's Report for the year ending 31st December, 1963

To the Chairman and Members of the District Council

Gentlemen,

I have the honour to present to you the report on the health of Tintwistle for 1963. In the first part of this report will be found what are still called the vital statistics. These are figures relating to births, cases of infectious disease and deaths. Of themselves, looked at in isolation, they mean very little, but properly used these statistics do provide us with a rough form of yardstick by which we can assess the health of our community. In looking at these annual figures it is important to realise that they are for one year only. In a small population these figures can fluctuate violently from one year to another, the fluctuations being due to nothing but chance. True comparisons with the country as a whole can only be achieved by taking an average figure for a period of at least five consecutive years and I hope in subsequent reports to provide comparisons that will be based on five or even ten year averages.

It will be noted that the deaths are now entered in their appropriate age groups and it will be seen that ten out of the twenty-one deaths registered in 1963 were under the age of 65. Of these ten, seven were males! Thus, in even this small number of deaths, the experience of one year only, can be read the same story that is repeated throughout the country, the majority of untimely deaths occurring today are male deaths and coronary thrombosis is one of the major contributors to this excess male mortality. There is something in the masculine way of life that asks for trouble. As yet it is not possible to allot to each social habit and to each of the different facets that make up the daily round of sleeping, eating, working and playing a specific mortality risk, but one day this will be done. Till then I can only point to the one factor that is now clearly seen - the man who smokes cigarettes is twice as likely to die an untimely death as is the non-smoker. In the younger age groups the heavy smoker of cigarettes who inhales is four to six times more likely to suffer from coronary heart disease than is his non-smoking companion. Except as a means of putting money into the pockets of the tobacco trade smoking has little to commend it and very much to condemn it. It is today the major cause of untimely death and disabling disease in our bread winners and sooner or later the community must take an effective stand against the habit.

Notifiable infectious diseases can hardly be regarded as being as "vital" as they once were. The great killers of the past generations, e.g. plague, cholera, smallpox, enteric fever, meningitis, diphtheria and scarlet fever etc., are now either banished from our shores or are largely under control and of diminishing importance. Even so the out-break of some dysentery that hit the community at the end of last year may serve to remind us that even in this modern age hand-borne intestinal infection will still spread in a community when the rules of hygiene are not obeyed. The price of freedom must always be eternal vigilance. In referring to this out-break I would like to draw your attention to the very excellent work done on this occasion by your Public Health Inspector. The early ending of the out-break was largely due to the seeking out and treating of the unknown cases and Mr. Skirrow's patient detective work contributed in no small way to the final result. In thanking him for all the hard work he put in I would also like to take this opportunity of thanking the general practitioners of the district for their very ready co-operation in the treatment of the cases and their contacts.

Dr. Turner moved to Huddersfield in 1963 and I am sure that all who knew him will wish him well in his new post. I would like personally to thank the Council for their tolerant and friendly reception of a stranger and for their keen interest in all matters concerning community health.

Yours faithfully,

A. S. DARLING,

Medical Officer of Health  
Tintwistle R.D.C.





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## POPULATION

The Registrar General's estimate for mid-1963 was 1,460.

## BIRTHS

There were 28 live births during 1963. Of these 20 were males and 8 females. 78% were born in Maternity Homes or Hospitals compared with between 60 - 70% for the country as a whole.

The Crude Birth Rate was 19.2 per 1,000 compared with 14.19 per 1,000 in 1962. When adjusted for comparative purposes with other areas the birth rate was 18.8 per 1,000 compared with 18.2 for England and Wales.

There were no Still Births.

## DEATHS

The number of deaths during 1963 was 21. Of these 11 were males and 10 females. (See Page 3).

## INFANT MORTALITY

There were no deaths of infants under the age of twelve months.

## MATERNAL MORTALITY

No deaths occurred as a result of pregnancy.

## INFECTIOUS DISEASES

The following figures indicate the extent to which all types of notifiable infectious diseases occurred.

Measles.....	2
Pneumonia.....	1
Dysentery.....	41

## TUBERCULOSIS

Only one case of Tuberculosis (pulmonary) remained on the Register on 31st December, 1963.

## SERVICES PROVIDED BY THE CHESHIRE COUNTY COUNCIL

### CARE OF MOTHERS AND BABIES

The Clinic at Christ Church School, Tintwistle, was held on the 2nd and 4th Thursday of each month. A doctor, a nurse, and members of the Ladies' Voluntary Committee attended each session.

Attendances were as under:-

New Cases	Total Attendances	Average Attendances	Seen by Doctor
28 (31)	711(700)	30(29)	123(127)

Figures in brackets indicate the corresponding numbers in the previous year.

A Ladies Voluntary Welfare Committee provides valuable assistance to the Doctor and Nurse in attendance by the sale of infant foods, the provision of teas to mothers, and clerical duties in connection with the Clinic. In addition to the stock of proprietary infant foods maintained by this Committee the issue of National Welfare Foods is undertaken.

One member of this Committee attends the monthly meetings of the Hyde Divisional Health Committee, thus providing a very necessary link between this voluntary body and the statutory Divisional Health Committee which in effect is a Sub-Committee of the Cheshire County Health Committee.

## NURSING SERVICES

The services of a Health Visitor who is also responsible for covering the Longdendale U.D.C. area are available. Her duties include the visiting in the homes of all children under the age of 5 years, attendance at Clinic sessions and the visiting of school children in need of medical supervision.

The care of the aged and infirm in their own homes forms an important part of her duties, and visits to cases of Tuberculosis and other Infectious Diseases are carried out by this Nurse.

Cases of general sickness in the home receive nursing attention from a District Nurse employed by the Cheshire County Council resident in Hollingworth.

For maternity cases a Domiciliary Midwife resident in Hollingworth covers the Council's area.

Each of these three nurses owns a car.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1963 IN THE RURAL DISTRICT OF THIRWISTLE

CAUSE OF DEATH	Sex	Total		AGE		IN YEARS	75 and over
		all ages	Under 4 weeks	4 wks. and under 1 year	1-		
10. Malignant Neoplasm, Stomach	M	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach	F	1	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	M	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	F	1	—	—	—	—	—
17. Vascular Lesions of Nervous System	M	—	—	—	—	—	—
17. Vascular Lesions of Nervous System	F	3	—	—	—	—	—
18. Coronary Disease, Angina	M	7	—	—	—	—	—
18. Coronary Disease, Angina	F	1	—	—	—	—	—
19. Hypertension with Heart Disease	M	—	—	—	—	—	—
19. Hypertension with Heart Disease	F	1	—	—	—	—	—
20. Other Heart Disease	M	1	—	—	—	—	—
20. Other Heart Disease	F	1	—	—	—	—	—
21. Other Circulatory Disease	M	—	—	—	—	—	—
21. Other Circulatory Disease	F	1	—	—	—	—	—
23. Pneumonia	M	—	—	—	—	—	—
23. Pneumonia	F	1	—	—	—	—	—
28. Nephritis and Nephrosis	M	—	—	—	—	—	—
28. Nephritis and Nephrosis	F	1	—	—	—	—	—
32. Other defined and ill-defined diseases	M	—	—	—	—	—	—
32. Other defined and ill-defined diseases	F	1	—	—	—	—	—
34. All other Accidents	M	—	—	—	—	—	—
34. All other Accidents	F	1	—	—	—	—	—
Total all Causes	M	11	—	—	—	—	—
Total all Causes	F	10	—	—	—	—	—

## TINTWISTLE RURAL DISTRICT COUNCIL

Public Health Inspector's Report for the year ending 31st December, 1963

### WATER SUPPLY

The position as to water supply in the district has been fully dealt with in the reports for 1961 and 1962. Though sample results are not to hand from the undertakers, Manchester Corporation Waterworks, previous year's results and experience have shown the mains supply to be of satisfactory quality chemically and bacteriologically. There is no fluoride treatment of the water.

The supply is derived from Stenebrake Reservoir, being treated with soda ash to correct acidity (low ph.) and alkalinify & sterilised by the addition of dilute chloros prior to distribution. Should it be found necessary the village can also now be supplied from the new storage reservoir at Harrop Edge which is fed from the Arnfield and Godley Treatment Plants.

In addition to the weekly sampling by the undertakers, 3 samples of mains supply submitted by the Local Authority all had "Nil Counts" i.e. completely satisfactory.

The number of houses on mains supply is 546. There are no houses on stand-tap supply. The remaining 32 dwellings are on private supply, largely in the Catchment areas and under the control of the Manchester Waterworks Department.

### HOUSING

No new house building was carried out either privately or by the Local Authority during the year, but the development of land on the south side of the existing West Drive Council estate was considered. Lay-out designs were invited and as a result consultants engaged for the preparation of a scheme, initially envisaged to provide some 68 Council owned units. Due to the costs involved this was eventually reduced to provide for 42 units, consisting of 32 three bedroom houses, 8 single bedroom flatlets and 2 four bedroom houses.

Details of the number of dwellings and Council owned properties are as shown in last year's report.

The Council continued its policy of encouraging Standard and Improvement Grants, the provisions as to these being implemented to the full in all appropriate cases. 15 standard grants were completed during the year, making a total of 72 dwellings which have been provided with modern amenities and improved since 1955, under these schemes. This last figure represents approximately 17% of the privately owned houses in the district, and in terms of a percentage of the houses which were without those amenities in 1955 the percentage would be much higher. Satisfaction at the use made of these schemes is justified, and every effort will be made to encourage owners to take advantage of the financial assistance available, though a word of warning is opportune in reminding applicants that the conditions and administration of these schemes is covered in detail by legislation and that a local authority must adhere to these even though in some cases the applicant may not appreciate the desirability of same.

It is worth mentioning here that under the Housing Act, 1964 powers are provided for Compulsory provision of certain amenity provisions subject to certain rights and obligations. Thus, more than ever before owners are strongly recommended to consider the use of Standard Grants whenever circumstances are propitious.

Advances continued to be made under the Housing Acts for the purchase of dwellings; particularly older properties, for owner/occupiership. The most generous advances were offered having regard to the valuation and other circumstances.

Defects were remedied or improvements made at 37 premises as a result of voluntary or informal action. In one case action was taken statutorily under Section 93 Public Health Act, 1936 to require repair to a dwelling.

There are no houses in multiple occupation, or common lodging houses in the district.

#### SANITARY CIRCUMSTANCES, SEWERAGE

The district is virtually 100% water carriage, though a number of properties are served by septic tanks. The majority of these latter are properties owned by Manchester Corporation on the reservoir areas, and the effluents from these tanks are collected in a main discharge pipe laid by the Waterworks to discharge so that no risk arises in the gathering area.

Consultations continued during the year with the newly appointed Consultants for the Sewage Works Modernisation Scheme. As reported last year this arose due to the death of Mr. Foster the Engineer who had previously handled the proposals. Delay was inevitable due to these circumstances, and involved going over some of the same ground again. However, by the end of the year the Council agreed that rather than embark on the work in separate phases the whole scheme should be contained in one contract, embodying new recommendations, consisting of:- new pyramidal sedimentation tanks, conversion of the present sedimentation tanks to storm tanks, renewal of the filter media together with the building of an additional percolating filter, enlargement of the humus tanks, provision of properly built sludge drying beds and pumping equipment, while essential works at the main inlet would provide for a comminutor and detritus tanks.

Planning permission was also obtained and the above report accepted, the over £1 estimate being for some £22,000.

Experience proves the protracted nature of these schemes but the Council has whole-heartedly committed itself to these necessary improvements, despite the apparent lack of immediate tangible progress.

As is only to be expected the Mersey River Board reported unsatisfactory effluent samples during the year, though surprisingly these were not as bad as one might have expected.

#### REFUSE COLLECTION AND DISPOSAL

Refuse collection is by private contract, providing for weekly service in all except the outlying Crowden and Woodhead districts where fortnightly collection is given.

Reference was made last year to the institution of a paper sack pilot scheme. Originally this consisted of approximately 100 holders on Council house properties, but during the year 24 further holders of a different type were fitted to non-Council-house properties.

Some difficulties were still experienced as to stability in gale conditions and damage from dogs occasionally occurred. On the whole the system settled down reasonably well during the year, but despite the obvious advantages of this method of collection, the reaction of the householders where paper sacks were in use was mixed. Out of a total of 61 questionnaires returned, 36 were in favour of the system, 24 not in favour and one uncommitted.

Tipping continued on land on the south side of West Drive, and despite the difficulties of the site reasonable control was given, though the inevitable firing occurred during August.

## RODENT CONTROL

The whole of the sewer system was treated during the year with Warfarin bait in stockinet bags - takes were not heavy. Continuous treatment is carried out at the Sewage Works and Refuse Tip. Free treatment is provided to all domestic premises.

## FOOD AND DRUGS ACT, 1955

No special action was taken as to any food premises in the district, though improvements were encouraged where possible.

The County Medical Officer continued to provide a service of milk sampling by his Department, which covered both raw and heat treated milk retailed within the district, from sources both inside and outside the district. Results on these were 100% satisfactory. One sample of raw milk, however, showed positive on ring and culture tests for brucella. In accordance with policy by agreement with the producer individual cow samples were taken, all of which proved negative as did two repeat bulk samples. This question of brucella in raw milk has been the subject of comment from many different sources, the general view being that as long as milk is retailed in the raw state, the only safeguard is for a national eradication campaign against brucella infection in cattle similar to the measures taken against tubercle infection.

## CLEAN AIR ACT

The district is not included in the list of "black areas", and no action has been taken as to Smoke Control Areas. Disposal of industrial waste has occasioned the need for consultation.

## FACTORIES ACT

No action was found to be necessary in this respect, there being only one major factory in the district.

Conditions at the two outworkers notified during the year were satisfactory.

## DYSENTERY OUTBREAK

At the end of November and during December there was an outbreak of sonne dysentery in the village.

Investigations were carried out at 31 families, involving 91 individuals of which 46 were notified as positive shigella sonnei. Extra supervision and care was given at the schools in the district as to personal hygiene, and food handlers in families were specially checked to ensure against risk. Thanks to the effectiveness of drug treatment and general control cases on the whole cleared quickly and the outbreak was virtually over by the end of December.

## GENERAL

During the year plans were submitted by the Peak Park Planning Board for the conversion of the cottages at Stone Low, Crowden into a Youth Hostel together with the building of warden's living accommodation, work on which was commenced about the end of the year.